

PREVENTIVE MEDICINE RESIDENCY
Centers for Disease Control and Prevention
Application for 2005-2006

DEVELOPING PUBLIC HEALTH LEADERS

The CDC Preventive Medicine Residency (PMR) is now accepting applications for the class of Residents who will enter July 1, 2005. The PMR is accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a 12-month program meeting the Practicum Year training requirements for certification by the American Board of Preventive Medicine (ABPM) in Public Health and General Preventive Medicine. The PMR is designed to prepare CDC physicians for future leadership roles in public health at federal, state, and local levels.

Residents will develop a broad range of knowledge and skills in the application of epidemiology, statistics, behavioral and social sciences, administration, and management to public health policy and program development. Training activities include didactic and supervised practical experience and will contribute to the professional development of physicians in public health careers.

ELIGIBILITY

To be eligible for admission to the PMR, an applicant must be a US government physician with a current, unrestricted medical license in a United States licensing jurisdiction who will have completed at least 1 year of ACGME-accredited postgraduate clinical training involving a minimum six months of direct patient care and 2 years of Epidemic Intelligence Service (EIS) or equivalent experience by July 1, 2005.

Physicians not in the Commissioned Corps of the US Public Health Service must have at least completed the course work leading to an MPH. Those without an MPH degree may have another appropriate postgraduate degree and requisite MPH courses as defined by the ABPM. The degree-granting institution should be accredited by the Council on Education in Public Health or other appropriate postgraduate accrediting body.

Factors considered in selection of residents include prior education, professional experience, as well as career interests and potential, as determined through written application, personal interviews, academic performance, publications, and references from supervisors.

CDC/ATSDR veterinarians who have an MPH or other appropriate postgraduate degree and requisite MPH courses as defined by the ABPM but are not eligible to enter the ACGME-accredited PMR are encouraged to apply to the Preventive Medicine Fellowship. Use the application form for the residency but exclude any items which are not applicable (i.e., copy of medical license, ECFMG certification).

PROGRAM REQUIREMENTS

Medical Officers in the Commissioned Corps who do not have an MPH or other appropriate postgraduate degree and requisite MPH courses as defined by the ABPM will be sponsored for one year of extramural long term training beginning July or August 2005 to obtain an MPH outside of the PMR. Entry into the PMR will be deferred until July 2006. Extramural training results in approximately a 2-year service obligation with the Commissioned Corps following the completion of the PMR.

Each preventive medicine resident/fellow must be willing to relocate for the Practicum Year. Because a broad experience in epidemiology, biostatistics, health administration, environmental health, occupational health, and behavioral science at both federal and local levels is a goal of the PMR, the applicant must change assignment for the Practicum Year. Those who are supported for the academic year must also be willing to attend the institution(s) identified by the residency and be willing to relocate if necessary.

Specifically:

If the applicant has NOT been assigned to a state or local health department while at CDC, s/he will be assigned to a state or local health department;

And,

If the applicant's CDC experience has been exclusively in a state or local health department assignment, then s/he will be assigned to a CDC headquarters assignment.

PROGRAM ACTIVITIES

- Evaluate a public health program
- Develop public health policy
- Participate in a community-based public health program
- Write or review a grant proposal
- Train to be a public health leader and manager
- Teach epidemiology in the Epidemic Intelligence Service (EIS) summer course
- Participate in PMR training activities including distance-based learning and multi-day seminars

APPLICATION PROCESS

The application consists of submission of:

1. Application form
2. Curriculum vitae
3. Official transcript of MPH or other appropriate postgraduate degree or of masters level courses listed on Application for Admission Form if no degree granted (if applicable)
4. EIS Activity Report (EIS officers/graduates only) or documentation of equivalent experience

(non EIS officers/graduates)

5. Two Applicant Evaluation Forms (one must be from your immediate supervisor)
6. Copy of a full and unrestricted license to practice medicine in a US licensing jurisdiction
7. Copy of current ECFMG certificate (if applicable)

The application must be received in the PMR office no later than **August 16, 2004**. In addition, the applicant must arrange interviews with at least three members of the PMR Selection Committee. Applicants who are current EIS officers stationed outside Atlanta will be interviewed **October 4, 2004** during the Prevention Effectiveness course. Others will be interviewed in September or October. Appointments for interviews will be coordinated by Ms. Martha Smith, Program Analyst for the PMR, who may be contacted at (404) 498-6194 or by e-mail at msmith@cdc.gov. Applicants will be notified regarding acceptance by the end of December 2004.

ADDITIONAL INFORMATION

For further information regarding the CDC Preventive Medicine Residency program, please contact the PMR Program Office:

Gail Stennies, MD, MPH
Director, Preventive Medicine Residency Program, MS E-92
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333
Phone: 404-498-6140
FAX: 404-498-6105
e-Mail: gstennies@cdc.gov

Public Law 93-579 entitled the Privacy Act of 1974 requires that individuals asked to furnish information such as that requested in the attached application be informed of the purpose for collecting such information and general use of the information. The following information is accordingly provided:

AUTHORITY: The Centers for Disease Control and Prevention, an agency of the Department of Health and Human Services, is authorized to solicit the information requested in the attached application under provisions of the Public Health Service Act, Section 203, 207 (42 U.S.C. 204 and 209).

PURPOSE: The information requested is considered relevant and necessary to the selection process for the Preventive Medicine Residency program.

USES: The information requested will be shared with the Division of Applied Public Health Training, Epidemiology Program Office, and the PMR Advisory and Graduate Medical Education Committees. It will also constitute the basic record of your general qualifications for the PMR program.

EFFECTS OF NON-DISCLOSURE: Your disclosure of the requested information is voluntary, and no penalty will be imposed, if you choose not to respond. However, failure to provide the requested information may hinder consideration of your application.

Application Admission

Preventive Medicine Residency, MS E-92
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

DATE:

NAME:

CURRENT CDC ASSIGNMENT (OR CURRENT EMPLOYMENT IF NOT WITH CDC):

TELEPHONE NUMBER/EXTENSION:

E-MAIL ADDRESS:

I. Attach a copy of your current CV. Be sure to include your social security number, business and/or home address, e-mail address, all prior graduate medical education, prior training in public health/preventive medicine and a list of medical licenses you hold and the dates obtained.

II. Please arrange to have an official transcript of MPH or other appropriate postgraduate degree, as defined by the American Board of Preventive Medicine, or a transcript of courses taken in the areas mentioned below sent to this office by the issuing institution, if applicable.

III. If you are/were an EIS officer, attach a copy of your most recent activity report. If you are not an EIS officer/graduate, provide documentation of equivalent experience. You may refer to the EIS website, www.cdc.gov/eis, for further information.

IV. Attach copies of all current, unrestricted medical licenses from a U.S. licensing jurisdiction.

V. If you are a graduate of a medical school outside the U.S. or Canada, please attach a copy of your ECFMG certification.

VI. Public Health Activities (include only those NOT on current CV or EIS activity report):

List activities and professional experience in the categories below. Attach separate sheets if necessary:

1. Surveillance and Investigations

2. Publications and Presentations

3. Policy Development (including experience in developing official recommendations, guidelines, rules and regulations and statutes, working with elected officials)

4. Community-based Intervention (including priority setting & planning, informing/educating health workers and/or the public, developing intervention programs, mobilizing community constituents, enforcing public health regulations, evaluating programs)

5. Other Public Health Practice

VI. Academic Phase

A. Do you have an MPH degree (circle one)? Yes No

B. If you do not have an MPH degree, have you taken at least one masters level course in epidemiology, biostatistics, health services organization and administration, environmental health, and behavioral science? Yes No

Please arrange to have an official transcript of MPH or equivalent degree or a transcript of courses taken in the areas mentioned above sent to this office by the issuing institution, if applicable.

VII. On a separate sheet, describe your professional goals and how the Preventive Medicine Residency will contribute to achieving these goals.

VIII. List below the name and phone number of three peer references who have worked with you professionally in a public health setting, but not in a supervisory capacity.

| <u>Name</u> | <u>Phone Number</u> |
|-------------|---------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

IX. Two Applicant Evaluation Forms (attached) must follow this application. One must be from your immediate supervisor. Officers currently in CDC-sponsored state assignments must submit evaluation forms from both local and CDC supervisors.

X. Assignments of Interest (Optional): Please list headquarters or state assignments, as appropriate, which are of interest to you and explain why.

Submitted by: (signature)

Date

Applicant Evaluation Form
Preventive Medicine Residency
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-92, Atlanta, GA 30333

To The Applicant: After supplying the information indicated below, give this form to your immediate supervisor and one other person familiar with your work in public health.

APPLICANT'S LAST NAME

FIRST

MIDDLE

Under the provision of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Please check one of the following statements and sign as indicated.

- ☐ I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights Act of 1974, or any other law, regulation, or policy.
- ☐ I do not agree to the waiver above.

SIGNATURE (APPLICANT)

DATE

To The Evaluator: The above named individual is applying for admission to the Preventive Medicine Residency at CDC. The training demands are considerable, and motivation for a public health career is important. Your candid evaluation of the applicant will greatly assist our committee in its efforts to select the appropriate residents.

AFTER COMPLETING THIS FORM, PLEASE RETURN IT TO THE PREVENTIVE MEDICINE RESIDENCY AT THE ADDRESS ABOVE.

NAME (EVALUATOR)

TITLE

OCCUPATION

TELEPHONE #

ORGANIZATION

ADDRESS

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, immediate supervisor, secondary supervisor)?

3. Does the applicant have any special talents, abilities, or attributes in the context of their professional activities?

-
-
4. Does the applicant have any particular weakness(es) in the context of their professional activities?
-
-

5. Compared with other CDC physicians, or other public health physicians (note referent group below), you have known, please indicate your evaluation of the applicant in the categories listed at the left by a mark in the appropriate column.

Referent group: _____

| Categories Observed | Superior Top 2 % | Excellent Top 10% | Above- Average Top 25% | Average 25-75% | Below Average Bottom 25% | Not Observed |
|---|---------------------|----------------------|------------------------------|-------------------|--------------------------------|-----------------|
| Intellectual ability | | | | | | |
| Career commitment to public health | | | | | | |
| Interest in specialty of Preventive Medicine | | | | | | |
| Ability to complete work on time | | | | | | |
| Initiative and motivation | | | | | | |
| Ability to work independently without close supervision | | | | | | |
| Ability to work with others | | | | | | |
| Leadership potential | | | | | | |
| Emotional maturity | | | | | | |
| Desire for board certification in Preventive Medicine | | | | | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Recommend **very strongly** that he/she be admitted to PMR

☐ Recommend **strongly** that he/she be admitted to PMR

☐ Recommend that he/she be admitted to PMR

☐ Recommend **with reservation** that he/she be admitted to PMR

☐ **Do not** recommend that he/she be admitted to PMR

Signature: _____ Date: _____

Applicant Evaluation Form
Preventive Medicine Residency
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-92, Atlanta, GA 30333

To The Applicant: After supplying the information indicated below, give this form to your immediate supervisor and one other person familiar with your work in public health.

APPLICANT'S LAST NAME

FIRST

MIDDLE

Under the provision of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Please check one of the following statements and sign as indicated.

- ☐ I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights Act of 1974, or any other law, regulation, or policy.
- ☐ I do not agree to the waiver above.

SIGNATURE (APPLICANT)

DATE

To The Evaluator: The above named individual is applying for admission to the Preventive Medicine Residency at CDC. The training demands are considerable, and motivation for a public health career is important. Your candid evaluation of the applicant will greatly assist our committee in its efforts to select the appropriate residents.

AFTER COMPLETING THIS FORM, PLEASE RETURN IT TO THE PREVENTIVE MEDICINE RESIDENCY AT THE ADDRESS ABOVE.

NAME (EVALUATOR)

TITLE

OCCUPATION

TELEPHONE #

ORGANIZATION

ADDRESS

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, immediate supervisor, secondary supervisor)?

3. Does the applicant have any special talents, abilities, or attributes in the context of their professional

activities?

4. Does the applicant have any particular weakness(es) in the context of their professional activities?

5. Compared with other CDC physicians, or other public health physicians (note referent group below), you have known, please indicate your evaluation of the applicant in the categories listed at the left by a mark in the appropriate column.

Referent group:

| Categories Observed | Superior Top 2 % | Excellent Top 10% | Above-Average Top 25% | Average 25-75% | Below Average Bottom 25% | Not Observed |
|---|---------------------|----------------------|--------------------------|-------------------|--------------------------------|-----------------|
| Intellectual ability | | | | | | |
| Career commitment to public health | | | | | | |
| Interest in specialty of Preventive Medicine | | | | | | |
| Ability to complete work on time | | | | | | |
| Initiative and motivation | | | | | | |
| Ability to work independently without close supervision | | | | | | |
| Ability to work with others | | | | | | |
| Leadership potential | | | | | | |
| Emotional maturity | | | | | | |
| Desire for board certification in Preventive Medicine | | | | | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Recommend **very strongly** that he/she be admitted to PMR

☐ Recommend **strongly** that he/she be admitted to PMR

☐ Recommend that he/she be admitted to PMR

☐ Recommend **with reservation** that he/she be admitted to PMR

☐ **Do not** recommend that he/she be admitted to PMR

Signature: _____ Date: _____